

Application No. (if known): 10/561,877

Attorney Docket No.: 61506(71699)

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53,624

Registration Number, if applicable

Telephone Number

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Fee Transmittal (1 page)

Amendment Transmittal (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page)

Notice of Appeal (1 page)

Amendment After Final Action Under 37 C.F.R. 1.116 (7 pages)

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PTO/SB/17 (10-08)
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| Effective on 12/08/ | Complete if Known | | | | | | |
|---|---------------------------------------|--------------------------------------|------------------------|--------------------------|--------------|--------------------------|--|
| Fees pursuant to the Consolidated Approp | Application Nun | nber | 10/561,877-Conf. #1113 | | | | |
| FEE TRANS | Filing Date | | August 2, 2006 | | | | |
| I | First Named Inv | entor | Michael G. Goggins | | | | |
| For FY 20 | <u> </u> | Examiner Name | | E. C. Whisenant | | | |
| x Applicant claims small entity state | us. See 37 CFR 1.27 | Art Unit | | 1634 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) 825.00 | Attomey Docket No. 61506(71699) | | | | | |
| METHOD OF PAYMENT (check | all that apply) | | | | | | |
| Check Credit Card | Money Order N | one Other (| please ident | ify): | | · | |
| X Deposit Account Deposit Account I | Number: 04-1105 | Deposit A | Account Nan | ne: Edwards Ange | Il Palmer & | Dodge LLP | |
| For the above-identified depo | - | | | | | | |
| x Charge fee(s) indicated | | <u> </u> | • | ndicated below, ex | ccept for ti | he filing fee | |
| Charge any additional f | ee(s) or underpayments 16 and 1.17 | of x Credit | any over | payments | | | |
| FEE CALCULATION | | | | _ | | - | |
| 1. BASIC FILING, SEARCH, AND EX | KAMINATION FEES | | | | | | |
| FII | | ARCH FEES | EXAMI | NATION FEES | | | |
| Application Type Fee (\$ | Small Entity Fee (\$) Fee (| Small Entity Shall Entity | Fee (\$) | Small Entity Fee (\$) | Fees F | Paid (\$) | |
| Utility 330 | 165 540 | | 220 | 110 | | | |
| Design 220 | 110 100 | 50 | 140 | 70 | | | |
| Plant 220 | 110 330 | | 170 | 85 | | | |
| Reissue 330 | 165 540 | | 650 | 325 | | | |
| Provisional 220 | 110 (| | 050 | 0 | | | |
| | 110 | · · · | U | U | | C!! F4!4 | |
| 2. EXCESS CLAIM FEES | • | | | | Fee (\$) | Small Entity Fee (\$) | |
| Fee Description Each claim over 20 (including Reiss | ues) | | | | 52 | 26 | |
| Each independent claim over 3 (including Reissues) 220 | | | | | 110 | | |
| Multiple dependent claims | , | | | | 390 | 195 | |
| Total Claims Extra Claims | Fee (\$) | Fee Paid (\$) | | Multiple Depende | | | |
| 23 - 23 or HP | x = | 00 1 0.0 (4) | • | | ee Paid (\$ | | |
| HP = highest number of total claims paid for | if greater than 20. | | - | <u> </u> | | 2 | |
| Indep. Claims Extra Claims | Fee (\$) | ee Paid (\$) | | | - | _ | |
| 33 or HP = | _ x = | | | | | | |
| HP = highest number of independent claims | paid for, if greater than 3. | | | | | | |
| 3. APPLICATION SIZE FEE | | | | _ | | | |
| If the specification and drawings ex | ceed 100 sheets of pape | r (excluding electr | onically f | iled sequence or | computer | , | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets Extra Sheet | .,.,. | * * | tion there | of Fee (\$) | Fee | Paid (\$) | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month 555.00 | | | | | | 5.00 | |
| 2401 Notice of appeal 270.00 | | | | | | | |
| SUBMITTED BY | 1/ X | | | | | | |
| Signature | ∇ | Registration No. (Attorney/Agent) | 53,624 | Telephone | (617) 51 | 7-5543 | |
| Name (Print/Type) Jonathan M. Spa | ks, Ph.D. | 1 / monitolividenti | | | Vovember | 5, 2008 | |
| | | ····· | | | | | |



| AMENDMENT TRANSMITTAL LETTER | | | | | | Docket No. 61506(71699) | | | |
|--|--|---|--|-----------------------------------|------------------------|---------------------------------------|------------------|--|--|
| Application No. 10/561,877-Conf. #1113 | | | Filing Date Examine August 2, 2006 E. C. Whise | | | | Art Unit 1634 | | |
| Αr | Applicant(s): Michael G. Goggins et al. | | | | | | | | |
| | Invention: METHYLATED GENE BIOMARKERS FOR DETECTING CANCER | | | | | | | | |
| TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | | | | | |
| | | | CLAIM | S AS AMEN | DED | · · · · · · · · · · · · · · · · · · · | | | |
| | | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | | | |
| | Total Claims | 23 | - 23 = | | x | | | | |
| | Independent Claims | 3 | - 3 = | | х | | | | |
| Multiple Dependent Claims (check if applicable) | | | | | | | | | |
| Other fee (please specify): Extension for response within third month; Notice of appeal | | | | | | | 825.00 | | |
| | TOTAL ADDIT | ONAL FEE FO | OR THIS AME | NDMENT: | | 825.00 | | | |
| | Large Entity | | | | x Small Entity | | | | |
| | No additional fee is required for this amendment. X Please charge Deposit Account No. 04-1105 in the amount of \$ 825.00 . A duplicate copy of this sheet is enclosed. | | | | | | | | |
| | | ne amount of \$ | | | the filing fee is encl | os c u. | | | |
| | Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge and credit Deposit Account No04-1105 as described below. A duplicate copy of this sheet is enclosed. | | | | | | | | |
| Credit any overpayment. Charge any additional filling or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | | | | | |
| | Jonathan M. Sp Attorney/Agent | | 624 | | Dated: | Novembe | r 5, 2008 | | |
| EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5543 | | | | | | | | | |
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